MISSOURI DEPARTMENT OF NATURAL RESOURCES
P.O. Box 1368 1915 Southridge Drive Jefferson City, Missouri 65102 (314) 751-3241

File

Received CMPL 12/29/81

July 31, 1981

Mr. William Guyette, President
Advanced Circuitry Division
Litton Industries Incorporated
P.O. Box 2847
4811 W. Kearney
Springfield, MO 65803

R00337264
RCRA RECORDS CENTER

Dear Mr. Guyette:

Enclosed is a copy of the inspection report conducted by the Missouri Department of Natural Resources on June 16, 1981. This letter will detail what is required of your company along with the deadline date for each requirement.

1. Due to the contamination found in your monitoring wells and other ground and surface water samples near your facility (see enclosed report from the MoDNR Laboratory Services Program), the Missouri DNR, under the authority given it in Section 260.380.1(9) RSMo, request all previous analysis of your monitoring wells, sanitary lagoon, and percolation lagoon (lagoon A). Litton Industries, Inc. must also develop a monitoring plan to determine, to the satisfaction of the Department, that there is no longer any hazardous waste constituents in any waste stream which enters the lagoons, and then the ground water. This monitoring plan should include the necessary waste streams, the clarifier, the sanitary lagoon, and the percolation lagoon. As part of the plan include a sketch of the portion of the plant which includes these three processes and any incoming waste streams, sampling locations and methods to obtain representative samples, sample handling procedures (type of containers, preservative, if any, storage conditions, etc.), sampling frequency or time table, analysis perameters for each sample and the registered laboratory performing the analysis, and all previous analysis as requested above. This plan with all it's parts is to be submitted to the regional office and this office by September 1, 1981.

2. Achieve the required two foot freeboard in the percolation lagoon (A lagoon), and the treatment tank by September 18, 1981. Inform this office and the regional office by September 1, 1981, of the steps you plan to take to achieve the two foot free board.

"ENFORCEMENT CONFIDENTIAL"
Determined Not Confidential 7/25/83

Christopher S. Bond Governor
Fred A. Lafser Director

Division of Environmental Quality
Robert J. Schreiber Jr., P.E. Director

3. Install warning signs and develop adequate security measures to prevent the unknowing entry of persons or livestock into the percolation lagoon area (Unsatisfactory Features #3) by September 1, 1981. Inform this office and the Regional Office of the improved security at the percolation lagoon by September 1, 1981.

4. Immediately mark and label all containers of hazardous waste as described in Numbers 4 and 5 of the "Unsatisfactory Features".

5. "Unsatisfactory Features" Number 2 should be completed by September 1, 1981.

6. "Unsatisfactory Feature" Number 6 should be completed by October 9, 1981. The present closure plan lacked detail of the steps needed for, A) removal of the sludge and B) equipment decontamination. There must also be included with the closure plan a documentation to indicate your firm's financial assurance/mechanisms for the facilities surface impoundments closure. Please review the enclosed Subparts G and H of 40 CFR Part 265 from the January 12, 1981, Federal Register. Submit a copy of the revised closure plan and documentation of financial assurance to this office and the Regional Office by October 9, 1981.

Below is a summary of the compliance schedule which must be met by your company.

Immediately	-Mark and label all containers according to DOT
September 1, 1981	-Submit monitoring plan -Submit proposed steps to achieve a two foot freeboard -Improved security at percolation lagoon -Notification to MDNR of improved security -Contingency plan to appropriate authorities
September 18, 1981	-Two foot freeboard in percolation lagoon and treatment tank
October 9, 1981	-Closure plan revised and submitted to MDNR -Assurance of financial requirements

If there are any questions concerning the requirements of this letter, please don't hesitate to contact either Art Groner or Paul Meiburger of this office, or Burt McCullough of the Springfield Regional Office.

Sincerely,

Ed Lightfoot

Ed Lightfoot
Deputy Director
Air and Land Branch

EL:PM/db

Enclosure

cc: David Doyle, EPA Enforcement
MODNR Water Pollution Control Program

HAZARDOUS WASTE COMPLIANCE INSPECTION REPORT

Litton Systems,Inc.
Advanced Circuitry Division
4811 West Kearney
Springfield, Missouri 65807
(417) 862-0751
MDNR #01317
EPA I.D. #MOD007152903

On June 16, 1981 Burt McCullough, Art Groner, and Lyle Crocker of the Missouri Department of Natural Resources conducted a hazardous waste compliance inspection at Litton Systems, Inc.at Springfield in Greene County, Missouri.

Litton manufactures printed circuit boards. The manufacture of these boards consists of a copper plating process. Litton generates about 374,044 kg/year of hazardous waste as follows: chrome sulfuric acid (3,474 kg/year), waste oils (5,144 kg/year), electroplating wastewater treatment sludge (365,426 kg/year). Sludges are shipped to Bob's Home Service, waste oils are shipped by Radium Petroleum Company, and acids are shipped to National Industrial Environmental Services.

UNSATISFACTORY FEATURES:

1). Insufficient freeboard at hazardous waste percolation lagoon. (40 CFR 265.222)

2). Copies of contingency plan not circulated to appropriate state and local agencies. (40 CFR 265.53)

3). Inadequate security at waste handling facilities. (40 CFR 265.14)

4). Inadequate labeling of hazardous waste. (40 CFR 262.31)

5). Inadequate marking of hazardous waste. (40 CFR 262.32)

6). Inadequate closure plan. (40 CFR Part 265 Subparts G and H)

7). Inadequate freeboard at waste treatment tank. (40 CFR 265.192)

COMMENTS:

The percolation lagoon had 4½ inches of freeboard on the date of inspection. This lagoon contains about 8 million gallons of electroplating wastewater. This lagoon is adjacent to a sinkhole. Overflow of the lagoon or failure of the dikes would result in drainage to that sinkhole. About one foot of freeboard was observed on a waste treatment tank. This tank is used to mix a floculant with the wastewater prior to disposal in the percolation lagoon.

Although security guards are posted at the plant at all times, the fence surrounding the plant is inadequate to restrict entry. No sign with the legend "Danger - Unauthorized Personnel Keep Out" was posted at the gate.

Drums of hazardous waste at the shipping dock were not marked in accordance with D.O.T. regulations, or labeled in accordance with D.O.T. regulations. These drums also did not have the date of accumulation marked on the drum. Some of these drums, containing spent acids, were missing bungs. No type of containment was provided in the event of spillage from these drums.

The contingency plan developed pursuant to 40 CFR 265.51 adequately meets the requirements set up in the regulations. Copies of this plan, however, are not circulated to the agencies specified in the regulations.

Throughout the plant, there was a considerable amount of spillage on the floor, etc. Floor drains go to the percolation pond. Because of the diversity of materials used within the plant, it is impossible to know what types of materials are going into the percolation lagoon and ultimately ending up in the groundwater.

RECOMMENDATIONS:

1). Get 2 feet of freeboard on the percolation lagoon.

2). Get 2 feet of freeboard on the waste treatment tank.

3). Label and mark all containers of hazardous waste in accordance with D.O.T. regulations.

4). Post warning signs at access points to the plant.

5). Circulate the contingency plan to applicable agencies.

6). Improve closure plan to incorporate deficiencies.

7). Develop better housekeeping practices.

APPROVED:

John R. Nixon, P.E.
Administrator

SUBMITTED:

Burt McCullough
Environmental Specialist II

[redacted]RI DEPARTMENT OF NATURAL [redacted]ES
[redacted]VISION OF ENVIRONMENTAL QUALITY
LABORATORY SERVICES PROGRAM

RECEIVED
JUN 30 1981
SOLID WASTE
MANAGEMENT PROGRAM

Report of Investigation
Litton Advanced Circuitry Division
May 20, 1981

INTRODUCTION

At the request of the Water Pollution Control Program, an investigation was conducted of the Litton Advanced Circuitry Division in Springfield, Missouri, and various sites in the vicinity during the period from 1000 to 1800, May 20, 1981. The purpose of the investigation was to determine the source of volatile organics found in earlier analyses, and the effect on local ground water. Sampling was performed by David Paulsen and Larry Alderson of the Laboratory Services Program, DEQ. Personnel involved in the inspection included Jim Dow, Production Engineer with Litton, Bob Carson and Karen Chandler, with the City of Springfield, and Burt McCullough and John Nixon of the Springfield Regional Office.

METHODS

Grab samples were collected by filling appropriate containers while maintaining a zero head space to prevent the loss of volatile organics.

At the request of Litton representatives, two (2) extra sets of samples were collected for comparative analyses. Samples were collected at each of the following locations:

Sample Number	
81-6227	- Fulbright Springs - included as a control.
81-6228	- Unnamed spring located on Stephens property feeding Clear Creek (this site was substituted for the upper end of Clear Creek at Clear Creek Park off Rt. AB - permission to enter the property was denied).
81-6229	- Ritter Spring #1 West
81-6230	- Ritter Spring #2 East
81-6231	- Fantastic Caverns - cave spring
81-6232	- Fantastic Caverns - potable water supply
81-6233	- Little Sac River - at Fantastic Caverns
81-6234	- Litton Sanitary Lagoon

METHODS (CON'T)

Sample Number

81-6235 - Litton "C" Lagoon

81-6236 - Litton "A" Lagoon

81-6237 - Litton Monitoring Well - West

81-6238 - Litton Monitoring Well - East

Procedures used in the analyses were performed in accordance with those outlined in EPA Method Number 624. This method uses a purge and trap device in conjunction with a Gas Chromatograph/Mass Spectrometer.

OBSERVATIONS

Starting with Fulbright Springs, to be used mainly as a background sample, the investigation moved to Clear Creek Park off Route AB. The owner of the park insisted that no samples were to be collected on his property, so a small nameless spring on the Stephens property neighboring the park was substituted.

The Ritter Springs #1 West and #2 East, were visited next. Ritter Spring #1 West was particularly noted as having a much higher flow and was more turbid than was observed on a prior visit of February 25, 1981.

With the help of Russell Campbell, employee of Fantastic Caverns, samples were collected from a cave stream, the potable water supply, and the Little Sac River, which bordered the Fantastic Caverns property.

Litton's Sanitary Lagoon was sampled from a canoe using a Kemmerer sampler at a depth of about two (2) feet. Litton's "C" Lagoon had been pumped dry, but contained a small amount of water due to recent rains. The "A" Lagoon, which was noted to be very full, about one (1) foot from the top of the dike, was also sampled from a canoe using the Kemmerer sampler at a depth of about three (3) to four (4) feet.

The monitoring wells West and East, located just North of the "A" Lagoon, were sampled by using a small hand operated diaphragm pump supplied by Litton.

RESULTS

The results for the samples collected are attached to this report as Appendix A.

DISCUSSION

The two (2) monitoring wells were not bailed prior to sampling, therefore, some of the compounds found in those samples may have been due to leaching of the PVC casing from which the wells were constructed.

Chlorination of the potable water supply at Fantastic Caverns may also have contributed to the type of compounds found in that sample.

Submitted by

Larry Alderson
Environmental Specialist II

Date June 23, 1981

Approved by

James H. Long, Director
Laboratory Services Program

cc: Richard Rankin, Director of Staff, Water Pollution Control Program
Art Groner, Environmental Specialist IV, Solid Waste Management Program
Burt McCullough, Environmental Specialist II, Springfield Regional Office
Robert Schreiber, Director, Division of Environmental Quality

/ds

"ENFORCEMENT SENSITIVE"

RESULTS

Enforcement Sensitive

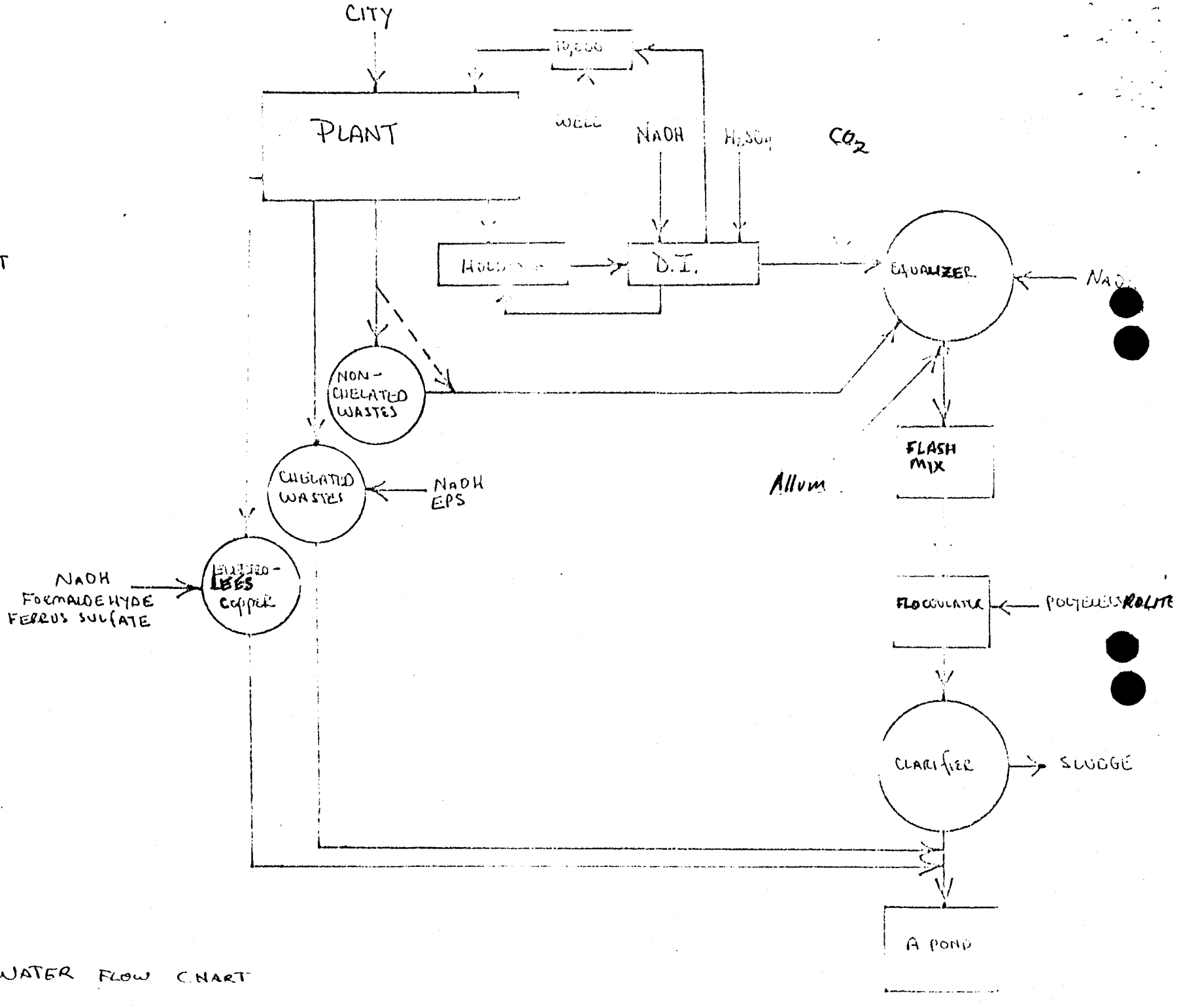
COMPOUND NAME	Litton Sanitary Lagoon	Litton C Lagoon	Litton A Lagoon	Litton Monitoring Well West	Litton Monitoring Well East
	81-6234	81-6235	81-6236	81-6237	81-6238
Trichloroethylene (ug/l)	233	*	*	106	30
1,2 Dichloropropane (ug/l)	*	4.1	4.3	119	105
1,1,1-Trichloroethane (ug/l)	*	*	3.2	67.9	47.2
Trans-1,2-Dichloroethylene (ug/l)	27.5	*	*	260	256
[redacted]loroform (ug/l)	*	*	4.2	*	*
Bromodichloromethane (ug/l)	*	*	*	*	*
Dibromochloromethane (ug/l)	*	*	*	*	*
Vinyl Chloride	*	*	*	59.4	58.3
1,1-Dichloroethylene (ug/l)	*	*	*	14.3	12.5
1,1-Dichloroethane (ug/l)	*	*	*	112	132

Additional peaks found in some samples were identified using the NBS Library. A gross estimate of concentration was made.

dibromomethane (ug/l)	*	*	*	*	*
1-butene (ug/l)	*	*	15	*	*
thiobismethane (ug/l)	*	*	45	*	*
[redacted]2-propanone (ug/l)	*	*	75	*	*
carbon disulfide (ug/l)	*	*	35	*	*
tetrahydrofuran (ug/l)	*	*	16	*	*
1-butanol (ug/l)	*	*	300	*	*

*The compound was not found or it was less than 3.0 ug/l.

LITTON, ACD
WATER CIRCUIT



WATER FLOW CHART

(1)

[redacted]CKLIST FOR INSPECTION OF G[redacted]ORS

Name of Facility: Litton Systems Inc.-Advanced Circuitry div.

Address: 4811 W. Kearney

Springfield, MO 65803

EPA Generator ID Number: MOD007152903 MOWR-01317

Facility Inspection Representative: James Dow

Title: ~~Plant Engineer~~ Facilities Mgr.

Telephone Number: 417-862-0751

RO USE

Inspection file No. _____

Reviewer _____

Date reviewed: _____

Form "A"

Pert. Regs. 40 C.F.R. Part:

1. Please provide a brief narrative explaining the type of work activity that occurs at the generator.

Manufacture of Printed Circuit Boards

2. Does the generator dispose of its wastes....

(A.) On-site

(B.) Off-site

(Circle one or both)

Note: if on-site, then checklist for both a generator and TSD facility must be completed if on-site more than 90 days.

3. What is the amount of hazardous waste (in kilograms) produced by the generator facility in a month? _____ in a year? _____ (If the amount is less than 1,000 kg/month, then the facility qualifies as a small generator and Form C should be completed instead of Form A.)

4. What categories of hazardous wastes result from the generator's facility? Please circle:

A.	Ignitable wastes	(Yes) No
B.	Reactive wastes	Yes (No)
C.	Corrosive wastes	(Yes) No
D.	EP Toxic wastes	(Yes) No
E.	RCRA Listed Waste	

(2)

262.12

5. Is the generator presently...

	Circle one
A. Treating hazardous waste?	(Yes) No
B. Storing hazardous waste?	(Yes) No
C. Disposing hazardous waste?	(Yes) No

Note: if the generator performs any of the activities noted in Question 5, then the inspector must complete Form B, entitled "RCRA Checklist for inspection of hazardous waste treatment, storage and disposal facilities."

262.20

6. Is a manifest system currently in operation at the generator's facility so that offsite shipment of hazardous wastes can be tracked? (Yes) No

7. Please inspect the generator's manifest for the following information:

A. Is the TSD facility which receives a generator's hazardous waste identified by name, address, and EPA ID number? (Yes) No

262.20(c) B. Is an alternative facility designated in case of an emergency? Yes (No)

C Is a serialized manifest document number included on the form? (Yes) No

62.20(a)(2) D Is the generator's name, address, telephone number and EPA ID number included on the form? (Yes) No

62.20(a)(3) E. Is the name and identification number of each transporter included on the form? (Yes) No

F. Is a description of the generator's hazardous waste to be treated, stored, or disposed included on the manifest? (Yes) No

G. Is the quantity of each waste by units of weight or volume and the type and number of containers loaded in the transport vehicle included on the manifest form? (Yes) No

H. Is the following certification noted on the generator's manifest form and is the certification acknowledged by the generator's signature?

"This is to certify that the above-named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the available regulations of the DOT and EPA." (Yes) No

2.22 I. Are there adequate copies of the manifest available for generator, transporter, and TSD's? (Yes) No

8. Is hazardous waste being stored on-site by the generator for less than 90 days? (Yes) No

If so,

.34(a)(3) A. Is the date accumulation of waste began clearly marked on each storage container? (Yes) No

262.34(a)(2) B. Are storage containers in good condition, i.e., no corrosion, leaking, or structural deformations? (Yes) No

262.34(a)(4) C. At the time of accumulation, are the storage containers clearly labeled as containing a particular hazardous waste in accordance with DOT regulations? Yes (No)

9. Does the generator have an established contingency plan to deal with emergencies that may impact hazardous waste currently in storage at the facility? (Yes) No

265.16(a) 10. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? (Yes) No

265.16(d) 11. Does the generator facility maintain a record of job titles for personnel that are involved with hazardous waste management and the name of the employee filling each job? (Yes) No

265.16(d)(2) 12. Does the generator facility have on record a written position description for each job title noted in Question #11? (Yes) No

265.16(d)(3) 13. Does the facility presently maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #11? (Yes) No

265.32(a) 14. *Does the generator facility have installed the following equipment:

A. An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? (Yes) No

B. A device at the scene of hazardous waste generator operations capable of summoning emergency assistance from Police, Fire departments, etc.? (Yes) No

C. Fire control equipment and an adequate supply of fire fighting water or fire supression chemicals? (Yes) No

265.35 15. *Does the generator facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? (Yes) No

265.50 16. Does the facility have a contingency plan which contains the following elements:

265.52(c) A. A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water? (Yes) No

265.52(d) B. A detailed description of arrangements formally agreed to by local police, fire departments, and State and local emergency teams to provide assistance during emergency situations? Yes (No)

265.52(d)

C. A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators? (Yes) No

Note: This listing should include names and phone numbers of emergency coordinators available on twenty-four hour basis.

265.52(e)

D. A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility? (Yes) No

265.52(f)

E. *An evacuation plan for the generator facility if Management believes such a plan is a definite requirement for their particular generator facility. (Yes) No

17. Please provide detailed comments on specific problems encountered during the inspection For instance, industry requests for clarification of specific RCRA rules and regulations and their applicability at the facility can be noted below or described in a separate memo attached to the inspector's checklist.

Inspector's Name: Burt McCullough

Title: Environmental Specialist

Agency: Mo. Dept. Natural Resources

Office location: Springfield Regional Office

Date of Inspection: 6-16-81

Inspector's Name:

Title:

Agency:

Office location:

Date of Inspection:

(5)

RCRA CHECKLIST FOR INSPECTION OF TSD FACILITIES

RO USE

Name of Facility: See p. 1

Address: _____

_____

EPA TSD ID Number: _____

Facility Inspection Representative: _____

Title : _____

Telephone: _____

Inspection File No. _____

Reviewer _____

Date reviewed _____

Form "B"

SITE CHARACTERIZATION (Please denote if the facility presently treats, stores, or disposes of hazardous waste. Also, mark the appropriate sub-category that occurs at the particular facility.)

TREATER

___ Filtration
___ Incineration
___ Thermal Reduction
___ Recycling/Recovery
___ Chem/Phys/Bio Treatments
___ Waste Oil
___ Reprocessing
___ Solvent Recovery
___ Other _____

STORER

___ Open Pile
X Surface Impoundment
___ Drum
___ Above ground tank(s)
___ Below ground tank(s)
___ Other _____

DISPOSER

___ Landfill operation
___ Land treatment
X Surface Impoundment
___ Incineration
___ Other _____

INSPECTION PROCEDURE

1. Does the facility generate hazardous wastes? (Yes) No

   Note: Please complete the generator's checklist if TSD facility generates hazardous wastes which are disposed off-site.

.13(b) 2. Does the facility have in place a waste analysis plan? (Yes) No

   If so,

13(a) A. Does the plan enable facility personnel to identify hazardous wastes being handled by the facility? (Yes) No

13(c) B. Does the plan enable facility personnel to confirm that wastes actually received at the TSD facility are the wastes indicated on the generator's manifest form? (Yes) No

3. *Does the TSD facility have a 24-hour surveillance system which monitors and controls entry to the active portion of the facility? (Yes) No

A. If not, does the facility have an artificial or natural boundary which surrounds active portions of the facility and, — Yes / No

B. A means to control entry at all times, i.e., gates, attendants, locked entrances, etc.? — Yes / No

265.14 (c) 4. *Does the TSD facility have a restricted access sign posted at each entrance to the active portion of the facility? (An example would be: "Danger - Unauthorized Personnel Keep Out!" — Yes / No

If so,

A. Is the sign legible from a distance of 25 feet? — Yes / N.A. / No

B. Is the sign in English or any other foreign language predominant to the geographical area? — Yes / N.A. / No

265.15(d) 265.15(b) 5. Does the TSD facility have an inspection log and a written schedule for inspecting all emergency equipment, security devices, and operating and structural equipment, important to the prevention, detection or response to environmental/ human health emergencies? — Yes / No

265.16(a) 6. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? — Yes / No

265.16(d) 7. Does the TSD facility maintain a record of job titles for personnel that are involved with hazardous waste management and the name of the employee filling each job? — Yes / No

265.16(d)(2) 8. Does the TSD facility have on record a written position description for each job title noted in Question #6? — Yes / No

265.16(d)(3) 9. Does the facility presently maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #6? — Yes / No

265.32(a) 10. *Does the TSD facility have installed the following equipment:

A. An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? — Yes / No

B. A device at the scene of hazardous waste TSD operations capable of summoning emergency assistance from Police, Fire departments, etc.? — Yes / No

C. Fire control equipment and an adequate supply of fire fighting water or fire supression chemicals? — Yes / No

265.35 11. *Does the TSD facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? — Yes / No

(7)

265.50

12. Does the facility have a contingency plan which contains the following elements:

265.52(c)

A. A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water?

(Yes) No

265.52(d)

B. A detailed description of arrangements formally agreed to by local police, fire departments, and State and local emergency teams to provide assistance during emergency situations?

Yes (No)

265.52(d)

C. A listing of names, addresses, and phone numbers of the TSD facility emergency response coordinators?

(Yes) No

Note: This listing should include names and phone numbers of emergency coordinators available on twenty-four hour basis.

65.52(e)

D. A list of appropriate emergency equipment necessary to cope with emergencies at the TSD facility?

65.52(f)

E. *An evacuation plan for the TSD facility if Management believes such a plan is a definite requirement for their particular TSD facility?

(Yes) No

65.55

13. Does the facility have at all times at least one employee either on-call or on the site who is responsible for coordinating all emergency response measures?

(Yes) No

If so, please complete below:

Name: James Dow

Title: Facilities Mgr

Telephone Number: 862-0751

65.73

14. Does the TSD facility have a written operating record which contains the following information:

65.73(b)(1)

A. A description and the quantity of each hazardous waste received and the method and date of treatment, storage or disposal?

5.73(b)(2)

B. The location of each hazardous waste within the facility and the quantity at each location?

(Yes) No

5.73(b)(3)

C. Detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility?

(Yes) No

5.73(b)(4)

D. Detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan?

(Yes) No

5.73(b)(5)

E. Detailed records and results of inspections performed on facility emergency equipment, TSD systems, and hazardous waste areas?

Yes (No)

265.73(b)(6)

F. Detailed monitoring, testing, and analytical data to insure compliance with the regulations?

15. Have the TSD facility operators initiated the preparation of written closure and post closure plans in order to meet the May 1981 target date for implemmntation of these requirements? (Yes) No

265.71

16. Does the TSD facility receive hazardous waste from off-site generators? (Yes) No

If yes, are the following procedures implemented: Yes (No)

A. Manifest copies are signed and dated (Yes) No

B. A copy is given to the transporter (Yes) No

C. A copy is sent to the generator (Yes) No

D. A copy is returned and filed at the TSD facility (Yes) No

Note: These requirements do not pertain to onsite facilities unless such facilities also receive hazardous wastes from off-site sources.

65.90

17. Has the owner or operator implemented a groundwater monitoring program if surface impoundments, landfills or land treatment technologies are utilized at the facility? (Yes) No

Note: Plan not required until one year after effective date of regulations.

18. The inspector should check for the following conditions at the TSD facility:

A. Open fires Yes (No)

B. Fumes or gases Yes (No)

C. Leaks or corrosion in containers or other storage structures (Yes) No

D. Leachate to receiving streams Yes (No)

E. Malfunction of equipment Yes (No)

F. Bulging drums Yes (No)

G. Excessive heat generation from storage facilities, lagoons, storage piles, etc. Yes (No)

19. Please provide detailed comments on specific problems encountered during the TSD facility inspection. For instance, industry requests for clarification of specific rules and regulations and their applicability at the facility can be noted below or described in a separate memo attached to the inspector's checklist.

Inspector's Name: See P. 4

Title:

Agency:

Office location:

Date of Inspection:

Inspector's Name:

Title:

Agency:

Office location:

Date of Inspection:

(10)

RCRA Checklist for Surface Impoundments

(Subpart K Section 265.222 "General Operating Requirements"

R.O. USE

Inspection file No:

Name of Facility: See p 1

Address:

Reviewer:

Date Reviewed:

EPA Generator ID Number:

Facility Inspection Representative:

Title:

Form "K"

Telephone Number:

The questions contained in this checklist apply to owners and operators of facilities that use surface impoundments to treat, store, or dispose of hazardous waste, except as Part 265.1 provides otherwise.

Pert. Regs. 40 C.F.R. Part:		
265.222	1. Is 2 ft. of freeboard maintained in the surface impoundment?	Yes (No)
265.223	2. Do all earthen dikes have protective covers (e.g., grass, shale or rock) to minimize wind and water erosion and to preserve dike structural integrity?	(Yes) No
265.225(a) (1) & (2)	3. Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a surface impoundment used for storage or treatment?	Yes N.A. No
265.226(a) (1)	4. Is the freeboard level inspected at least once each operating day?	(Yes) No
265.226(a) (2)	5. Is the surface impoundment, including dikes and vegetation, inspected once per week to detect leaks or deterioration or failures in the impoundment?	(Yes) No
	6. Are the results of these inspections recorded in an inspection log or summary?	(Yes) No
265.229(a)	7. Are ignitable or reactive wastes stored in a surface impoundment: If so,	Yes (No)
265.229(a) (1)	a) Is the waste treated, rendered, or mixed before or immediately after placement in the impoundment so that the resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive waste under parts 261.21 or 261.23 of the RCRA regulations?	N.A. Yes No

265.230	b) Are incompatible wastes segregated in separate surface impoundments so that spontaneous reactions are avoided? (Yes) No

Inspector's Name: See P 4

Title: _____

Agency: _____

Office location: _____

Date of Inspection: _____

Inspector's Name: _____

Title: _____

Agency: _____

Office location: _____

Date of Inspection: _____

(12)

RCRA Checklist for Chemical, Physical and Biological Treatment

(Subpart O Part 265.40 - "General Operating Requirements"

R.O. USE

Inspection file No:

Name of Facility: See P. 1

Address:

Reviewer:

EPA Generator ID Number:

Date Reviewed:

Facility Inspection Representative:

Title:

Form "Q"

Telephone Number:

The questions contained in this checklist apply to owners and operators of facilities which treat hazardous wastes by chemical, physical, or biological methods in other than tanks, surface impoundments and land treatment facilities except as Section 265.1 provides otherwise.

Pert. Regs. 40 C.F.R. Part:			
265.401(b)	1. Are all treatment processes or equipment in good condition, i.e., not showing signs of leakage, corrosion or any other deterioration?	Yes	(No)
265.401(c)	2. Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop this inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device)	(Yes)	No
265.402(1) & (2)	3. Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment?	(Yes)	No
	4. Is this information recorded in the facility's operating record?	(Yes)	No
265.403(a) (1)	5. Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cut-off systems, drainage systems and pressure relief systems)?	Yes	(No)
265.403(a) (2)	6. Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day?	(Yes)	No
265.403(a) (3)	7. Are construction materials of the treatment process or equipment and immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration?	(Yes)	N/A

8. Are the results of these inspections recorded in an inspection log or summary? Yes (No)

9. Are ignitable or reactive wastes placed in a treatment process? If so, Yes (No)

265.405(a)(1) A. Are the wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA regulations? N.A. Yes No

265.405(a)(1) B. Are the wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react? (Yes) No

10. Are incompatible wastes kept from being placed in the same treatment process or equipment? ~~N.A.~~ Yes No

Inspector's Name: See P. 4

Title: _____

Agency: _____

Office Location: _____

Date of Inspection: _____

Inspector's Name: _____

Title: _____

Agency: _____

Office Location: _____

Date of Inspection: _____

RCRA Checklist [illegible] Use and Management of Containers

(Subpart I Section 265.170 - "General Operating Requirements"

R.O. USE.

Inspection file No:

Name of Facility: See p. 1

Address:

Reviewer:

Date Reviewed:

EPA Generator ID Number:

Facility Inspection Representative:

Form "I"

Title:

Telephone Number:

The questions contained in this checklist apply to owners and operators of all hazardous waste facilities that store containers of hazardous waste, except as Section 265.1 provides otherwise.

Pert. Regs. 40 C.F.R. Part:			
65.171	1. Are all containers in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation?	(Yes)	No
65.171	2. Are containers lined or made of materials compatible with hazardous wastes placed into them so that the container will not react or corrode with the hazardous wastes?	(Yes)	No
65.173(a)	3. Are all containers holding hazardous waste kept closed during storage?	Yes	(No)
65.174	4. Are areas where hazardous waste containers are stored inspected by the owner/operator at least once a week?	(Yes)	No
65.15(d) 65.15(b)	5. Is an inspection log maintained? (See question #5 of TSD checklist.)	Yes	(No)
65.176	6. Are containers holding ignitable or reactive waste located at least 50 ft. from the facility's property line?	(Yes)	No
65.177(a)	7. Are incompatible wastes placed in the same container? (See Appendix 5 for examples.)	Yes	(No)
65.177(c)	8. Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes,berms, walls, or other devices?	Yes	(No)

Inspector's Name: See p. 4

Title: _____

Agency: _____

Office location: _____

Date of Inspection: _____

Inspector's Name: _____

Title: _____

Agency: _____

Office location: _____

Date of Inspection: _____

(16)

RCRA Checklist for Tanks

(Subpart J Section 265.192 - "General Operating Requirements")

R.O. USE

Inspection file No:

Reviewer:

Date Reviewed:

Form "J"

Name of Facility: See p 1

Address:

EPA Generator ID Number:

Facility Inspection Representative:

Title:

Telephone Number:

The questions contained in this checklist apply to owners and operators of facilities that use tanks to treat or store hazardous waste, except as Section 265.1 provides otherwise.

Pert. Regs. 40 C.F.R. Part:		
265.17(b)	1. Are all tanks in good condition, i.e., not showing signs of leakage, corrosion, or any other deterioration?	(Yes) No
265.192(c)	2. Are uncovered tanks operated to ensure a minimum of 2 ft. of freeboard?	Yes (No)
265.192(c)	3. If not, is the tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank?	Yes (No)
265.192(d)	4. Are tanks with continuous inflow of hazardous wastes equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)?	(Yes) No
265.193(a) (1) & (2)	5. Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a tank used for storage or treatment?	(Yes) No
265.194(a) (1)	6. Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cutoff systems and drainage systems)?	(Yes) No
265.194(a) (2)	7. Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day?	Yes (No)
265.194(a) (3)	8. Is the level of waste in the tank checked at least once each operating day?	(Yes) No

265.194(a)(4)	9. Is (are) the tank (or tanks) inspected weekly to detect corrosion or leaking of fixtures or seams?	Yes	(No)
	10. Are the results of these inspections recorded in an inspection log or summary?	Yes	(No)
265.198	11. Are ignitable or reactive wastes stored in tanks? If so,	Yes	(No)
265.198(a)(1)	a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 261.21 or 261.23 of the RCRA Regs?	Yes	(No)
265.198(a)(2)	b) Is the waste stored or treated in such a way that it is protected from any material or conditions which may cause the waste to ignite or react?	Yes	(No)
265.198(b)	c) Is the owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NFPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code - 1977"?	Yes	(No)

Inspector's Name : See p. 4

Title: _____

Agency: _____

Office location: _____

Date of Inspection: _____

Inspector's Name: _____

Title: _____

Agency: _____

Office location: _____

Date of Inspection : _____

AUG 2 6 1981

Litton ADVANCED CIRCUITRY

P. O. Box 2847, Commercial Station, Springfield, Mo. 65803 417 862-0751

August 24, 1981

RECEIVED
AUG 28 1981
SOLID WASTE
MANAGEMENT PROGRAM

Mr. Ed Lightfoot
Deputy Director
Air and Land Branch
Missouri Department of Natural Resources
P. O. Box 1368
1915 Southridge Drive
Jefferson City, Missouri 66102

RE: Letter of July 31, 1981, directed to Mr. W. C. Guyette, President, Litton Advanced Circuitry Division

Dear Mr. Lightfoot:

On August 17, 1981, we met with local DNR officials, Ed Sears and Burt McCullough, to discuss the results of our RCRA inspection and your other requests. Our response to your letter is as follows:

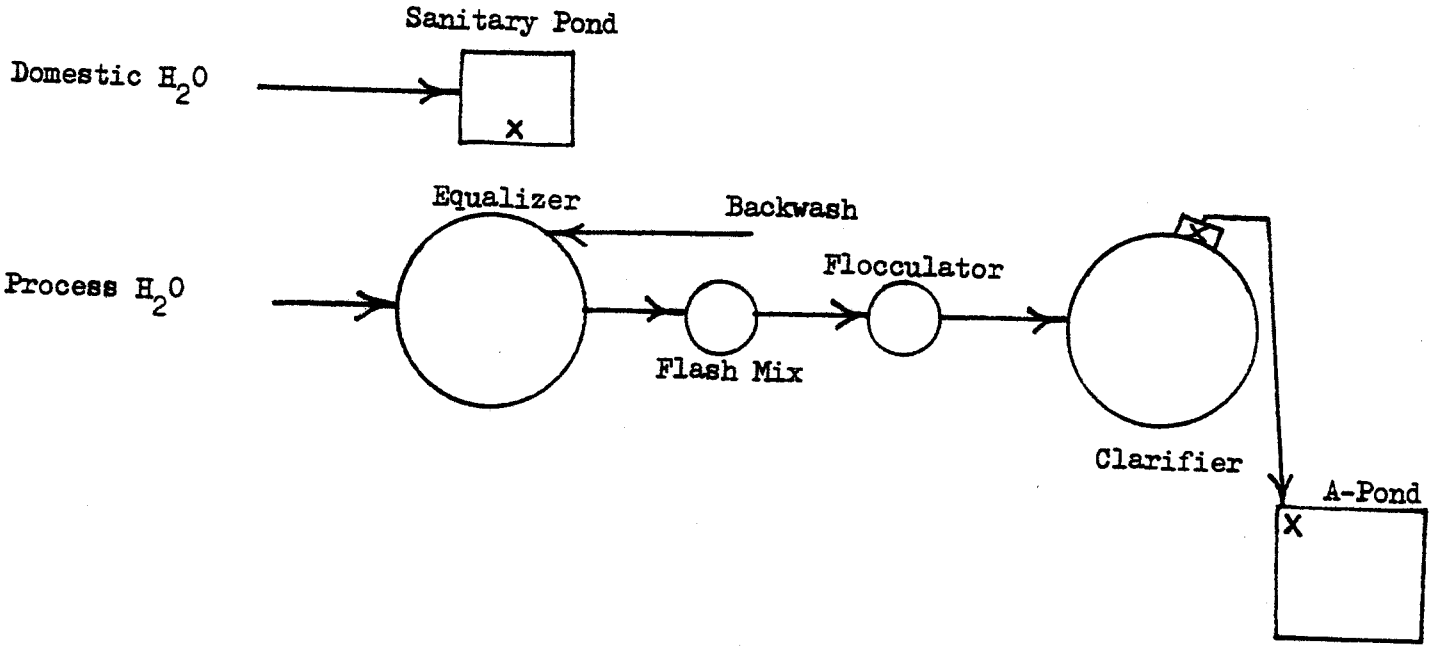
Previous analysis of monitoring wells of sanitary lagoon and percolation lagoon: ACD files for the above were made available to Mr. Ed Sears and Mr. Burt McCullough for examination. After examination, Mr. McCullough was given copies of the files he requested.

Labeling of waste containers: The labeling of waste containers has been in compliance with D.O.T. regulations 49 CFR Para. 172. It is our opinion that barrels addressed in the unsatisfactory remarks were rinsed, empty, and awaiting return for deposit. All barrels addressed in the receiving area were either incoming material, or empty barrels, thus requiring no RCRA labeling. Please be advised that chemicals that could possibly constitute a spill problem will be moved into containment areas or inside the warehouse.

Monitoring Plan: After discussion of the monitoring plan with Mr. Ed Sears and Mr. Burt McCullough, we propose to monitor for Trichlorethylene. The plan includes a monthly sampling for three months, starting September 1, 1981, then quarterly thereafter, if a pattern has been defined. The samples will be of a grab type taken where indicated below. Samples will immediately be analyzed by our lab, or preserved on ice and shipped to Stewart Labs. The process for taking the samples is described below:

Effluent Flow and Grab Sample Points

x = sample point



Litton has purchased a new Gas Chromatograph to test for Volatile Organics. We expect to have it operational October 1, 1981. Until such time that it is operational, samples will be sent to Stewart Laboratories, Knoxville, Tennessee.

Treatment tank freeboard: The two foot freeboard required was achieved June 17, 1981, by an operational change which lowered the level of the treatment tank.

Percolation lagoon freeboard: The two foot freeboard required for the percolation lagoon cannot be practically met by September 18, 1981. As of August 24, 1981 the freeboard is 18-3/4". We request an extension to have a 24" minimum by January 30, 1982.

Security for the percolation lagoon: Security at the percolation lagoon will be achieved by installing a 3-strand barbed fence with a locked gate, around the base of the lagoon. Signs stating "Danger-Unauthorized Personnel Keep Out" will be posted at the gate and on each side of the fence as required. This will be completed by September 1, 1981.

Contingency Plan: The contingency plan will be distributed to local Fire, Sheriff, Police, City Sanitary Services, and DNR offices by September 1, 1981.

Closure Plan: New changes in the laws have required additional detail in the closure plans. The new plan is as follows:

On or about January, 1982, the city sewer system will be available for hook-up and Litton will begin use for effluent discharge. At this time, Litton will discontinue discharging effluent waters to A-pond and it will be allowed to percolate to zero level leaving a sludge on the base. At the present percolation rate, allowing for rain, and assuming a drop in the head pressure with the level, percolation will continue for approximately 300 days. This would put the start of disposal at about November 1, 1982.

Based on calculations approximately 1600 cu. yds. of sludge will have accumulated and will be removed to a hazardous waste site. This material will be removed with heavy equipment into 15 cu. yd. containers and permitted for shipment to Bob's Home Service in Wright City or National Industrial Environmental Services in Wichita, Kansas.

Decontamination of equipment will include washdown within the pond itself and dewatering of waste through our filter press. This material will also be shipped via our normal process to the landfill.

Actual closure will start in November and take approximately two months of excavation and loading time. Final closure will consist of grading over and seeding of the site.

In lieu of the above, ACD is investigating methods for rendering the sludge non-hazardous. In the event ACD is successful, we would submit a modified closure plan.

The Financial Assurance for closure is being addressed and will be completed by October 13, 1981.

If you have any questions or comments, do not hesitate to contact us.

Sincerely,

James K. Dow, P.E.
Facilities Manager

cc: John Nixon
Administrator, DNR
Springfield Office

DEQ-4
7-75

DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality

Generator File

TELEPHONE OR CONFERENCE RECORD

File Litton Advanced Circuitry - Springfield

Date September 15, 1981

TELEPHONE

Incoming ( )
Outgoing (X)

CONFERENCE

Field ( )
Office ( )

SUBJECT Financial Requirements for Closure of Percolation Lagoon

PERSONS INVOLVED

Name	Representing
Gerald P. Lucey	Legal Counsel, Litton Industries
Paul Meiburger	Missouri Department of Natural Resources

SUMMARY OF CONVERSATION Mr. Lucey briefly discussed the content of his September 14, 1981 letter. I told him that Missouri Department of Natural Resources will not require anything over Federal EPA regulations, since we adopted interum status by reference, 40 CFR, Part 265. Look for the Federal Register with standards for financial requirements soon to be released, and that is what is required by October 13, 1981. If EPA postpones the October 13, 1981 date, so will the state. There is a problem with Litton suppling their own financial requirements by means of their net worth. Litton Systems, Inc. is the legal entity in Missouri. Litton Systems is a subsidiary of Litton Industries and Litton Systems alone does not have sufficient net worth for there own financial requirements.

FINAL RESULTS

Paul Meiburger

Paul Meiburger
Signature

Other Contact

Gerald Lucy
Litton Industries
4825 Scott, Suite 410
Schiller Park Illinois 60176
(312) 671-2130

&

Mr. Ott Ellt
Marshall Mc Clennen Insurance Co
Los Angeles, Calif.

DEQ-4
7-75

DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality

TELEPHONE OR CONFERENCE RECORD

File Litton Industries - Springfield

Date September 23, 1981

TELEPHONE

Incoming ( )
Outgoing (X)

CONFERENCE

Field ( )
Office ( )

SUBJECT Financial Requirements for Percolation Lagoon

PERSONS INVOLVED

Name	Representing
W. C. Guyette	President, Litton Advanced Circuitry
Paul Meiburger	Missouri Department of Natural Resources

SUMMARY OF CONVERSATION After calling EPA in Washington, D.C., I found out that sometime next week a Federal Register will be coming out that will postpone the deadline for Financial Requirements from October 13, 1981 to April 13, 1982. This will also postpone the State Requirements mentioned in previous letters between Missouri Department of Natural Resources and Litton: i.e., July 31, 1981, Guyette from Lightfoot; and September 10, 1981, James Dow from Lightfoot.

ACTION TAKEN

FINAL RESULTS

cc: Ed Lightfoot

Paul Meiburger
Signature

SEP 16 1981

LITTON INDUSTRIES

4825 Scott Street, Schiller Park, Illinois 60176
Telephone: 312 671-2930
Telex: 651490 (Attn: LSPW)
TWX: 910-4941231 (Attn: LSPW)

Law Department

September 14, 1981

RECEIVED
SEP 17 1981
SOLID WASTE
MANAGEMENT PROGRAM

Missouri Department of Natural Resources
P. O. Box 1368
1915 Southridge Drive
Jefferson City, Missouri 65102
ATTN: Mr. Ed Lightfoot

RE: Advanced Circuitry Division, Litton Systems, Inc.
4811 West Kearney
Springfield, Missouri

Dear Mr. Lightfoot:

This letter is intended to confirm our telephone conversation of September 9, 1981, wherein I advised you that I represent the Advanced Circuitry Division, Litton Systems, Inc. In your letter dated July 31, 1981, you established October 9, 1981 as the date for compliance with the financial responsibility requirements for closure. As I explained, Litton's Insurance Department in conjunction with Marsh & McLennon have been unable to locate a surety company that is willing to write a bond to satisfy these financial responsibility requirements. If you are able to provide me with the name of any surety companies writing these bonds, this information will be most helpful.

Assuming we are unable to locate a surety company, it would be appreciated if your office would consider granting Advanced Circuitry a waiver or variance from the financial responsibility requirements. Advanced Circuitry will discontinue the use of its sanitary and wastewater lagoons as soon as it can commence using the Municipal Sewer System. The extension of the Municipal Sewer System should be completed within the next few months and the System should be operative in January, 1982. Since the closure of these lagoons will commence in the foreseeable future, I hope it will be possible for the Department of Natural Resources to grant Advanced Circuitry either a waiver or a variance.

Very truly yours,

LITTON SYSTEMS, INC.

Gerald P. Lucey

Gerald P. Lucey
Legal Counsel

GPL/cs

cc: M. Doram
R. Enos
D. Miller
P. Meiburger

MISSOURI DEPARTMENT OF NATURAL RESOURCES
P.O. Box 1368 1915 Southridge Drive Jefferson City, Missouri 65102 (314) 751-3241

September 10, 1981

Mr. James K. Dow, P. E.
Facilities Manager
Advanced Circuitry Division
Litton Industries Incorporated
P. O. Box 2847
4811 West Kearney
Springfield, MO 65803

RE: Response to Your Letter of August 24, 1981

Dear Mr. Dow:

All of your actions in response to my letter of July 31, 1981, have met the approval of the Solid Waste Management Program except the following:

1. The proposed monitoring plan should also include sampling and analysis of the east and west monitoring wells. These wells should be pumped, and then allowed to recharge before the samples are obtained. The frequency of sampling and analysis for the monitoring wells and those points noted in your proposed plan should be monthly until February 1, 1982, at which point the Missouri Department of Natural Resources will receive the findings to determine if quarterly monitoring would be adequate till closure.

2. The freeboard on the percolation lagoon must be twenty four (24) inches. We will allow an extension of the original compliance schedule to a final date of October 30, 1981, for the necessary two feet of freeboard on the percolation lagoon.

3. Concerning the financial requirements for closure, personnel from the Solid Waste Management Program were in contact with Mr. Ott Elt of Marshall McClennen Insurance Company in Los Angeles, California, about the financial assurance mechanism for closure. There is a Federal Register which should be published in the very near future which will contain various options for assuring proper financial requirements for closure (40 CFR, Part 265, Subpart H). Litton Industries must meet one of these options by October 13, 1981.

Christopher S. Bond Governor
Fred A. Lafser Director

Division of Environmental Quality
Robert J. Schreiber Jr., P.E. Director

If there are any questions concerning this letter don't hesitate to contact Art Groner of the Solid Waste Management Program or Burt McCullough of the Springfield Regional Office.

Sincerely,

Ed Lightfoot
Deputy Director
Air & Land Branch

EL/PM/bki

cc: Water Pollution Control Program
Solid Waste Management Program
Springfield Regional Office
Gerald Lucey

MISSOURI DEPARTMENT OF NATURAL RESOURCES

MEMORANDUM

Date: November 19, 1981

To: Litton File, Greene County

From: Burt McCullough

Subject: Reinspection

On November 18, 1981, I reinspected Litton Industries at
in Springfield. The initial inspection was performed on Ju
During the June 16 inspection, the following unsatisfactory
noted:

1. Insufficient freeboard on the lagoon.
2. Insufficient freeboard on the holding tank.
3. Inadequate labeling and marking of hazardous waste containers.
4. Accumulation date not marked on containers.
5. Inadequate security at facility.
6. Inadequate circulation of contingency plan.

All of the unsatisfactory features, with the exception of the lagoon freeboard, had been corrected. At the time of inspection, there was 12.25 inches of freeboard on the lagoon. This is a 272% over the earlier inspection results. In order to improve the freeboard level, Litton constructed higher berms on the lagoon. This lagoon will begin steps toward closure on January 1, 1982. For this reason, I do not recommend enforcement actions based on the improvements thus far and the length of time till closure.

Aside from the freeboard, which should correct itself by January 1, 1982, Litton appeared to be in compliance with RCRA.

cc Mr. Paul Meiburger, WMP

PM

Frank Dolan

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

INSTALLATION'S EPA I.D. NO.	MOD007152903
I. NAME OF INSTALLATION	Litton Systems, Inc.
II. INSTALLATION MAILING ADDRESS	P.O. Box 2847 Springfield, Missouri 65803
III. LOCATION OF INSTALLATION	4811 W. Kearney Springfield, Missouri 65803

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F M O D 0 0 7 1 5 2 9 0 3 (T/A: C 1)		8 0 1 1 1 0

I. NAME OF INSTALLATION

L I T T O N S Y S T E M S I N C , A C D

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: P O B O X 2 8 4 7

CITY OR TOWN	ST.	ZIP CODE
S P R I N G F I E L D	M O	6 5 8 0 3

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 4 8 1 1 W K E A R N E Y

CITY OR TOWN	ST.	ZIP CODE
S P R I N G F I E L D	M O	6 5 8 0 3

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
D O W J A M E S F A C I L I T I E S M A N A G E R	4 1 7 - 8 6 2 - 0 7 5 1

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: L I T T O N I N D U S T R I E S

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: M O D 0 0 7 1 5 2 9 0 3

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

NOV 12 1980

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S														T/A	C
W															1
1	2												13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F006	F007	F008	F009	D007
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	James K. Dow, Facilities Manager	11/7/80

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
OSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

▲ INSTALLATION'S EPA I.D. NO.	MOD007152903
I. NAME OF INSTALLATION	LITTON SYSTEMS INC
II. INSTALLATION MAILING ADDRESS	PO BOX 2847 SPRINGFIELD, MO 65803
III. LOCATION OF INSTALLATION	4811 W KEARNEY SPRINGFIELD, MO 65803

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: S FMOD007152903 T/A 31 C

APPROVED:

DATE RECEIVED (yr., mo., & day): 800627

JUN 27 1980 00029

I. NAME OF INSTALLATION

LITTON SYSTEMS INC ACD

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: PO BOX 2847

CITY OR TOWN: SPRINGFIELD ST.: MO ZIP CODE: 65803

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 4811 W KEARNEY

CITY OR TOWN: SPRINGFIELD ST.: MO ZIP CODE: 65803

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: JIM DOW FACILITIES MANAGER

PHONE NO. *(area code & no.)*: 417-862-0751

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: LITTON INDUSTRIES

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: MOD007152903

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

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W MOD007152903 | T/A | C: 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F006	F007	F008	F009		
7	**8**	**9**	**10**	**11**	**12**

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
[signature]	James Dow, Facilities Manager	6/20/80

"ENFORCEMENT CONFIDENTIAL"

Determined Not Confidential 7/25/83